

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd FLOOR  
SACRAMENTO, CALIFORNIA 95814  
(916) 498-5700 Fax: (916) 498-5710**

Daniel J. Broderick  
Federal Defender

Linda Harter  
Chief Assistant Defender

September 21, 2007

Mr. Michael D. Long  
Attorney at Law  
901 H Street, #208  
Sacramento, CA 95814

**FILED**

SEP 24 2007

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
By \_\_\_\_\_  
DEPUTY CLERK

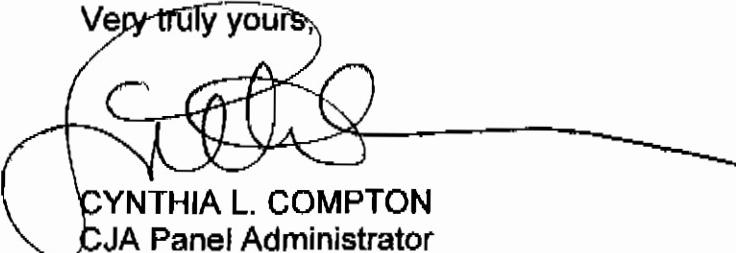
Dear Mr. Long:

This will confirm your appointment as counsel by the Honorable Dale A. Drozd, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

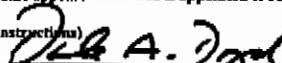
If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,

  
CYNTHIA L. COMPTON  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED Beard, Jahbar Akili			3. MAG. DKT./DEF. NUMBER 2:03-000258-001	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Beard	8. PAYMENT CATEGORY Felony			9. TYPE PERSON REPRESENTED Adult Defendant			10. REPRESENTATION TYPE (See Instructions) Probation Revocation
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 U.S.C. § 1344A.F -- BANK FRAUD							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS LONG, MICHAEL D 901 H Street Suite 208 SACRAMENTO CA 95814  Telephone Number: (916) 447-1965				13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> B Subs For Federal Defender <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> D Subs For Retained Attorney <input type="checkbox"/> E Subs For Panel Attorney <input type="checkbox"/> F Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____  Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)   Signature of Presiding Judicial Officer or By Order of the Court 08/31/2007 Date of Order None Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)				HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
CATEGORIES (Attach itemization of services with dates)							ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(Rate per hour - \$ 94 ) TOTALS:							
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and Other work (Specify on additional sheets)						
(Rate per hour - \$ 94 ) TOTALS:							
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)						
18.	Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____				<input type="checkbox"/> Supplemental Payment			
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.							
I swear or affirm the truth or correctness of the above statements.							
Signature of Attorney: _____				Date: _____			
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE		34a. JUDGE CODE	

**FINANCIAL AFFIDAVIT****IN SUPPORT OF REQUEST FOR ATTORNEY EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEES**

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)  
 IN THE CASE OF

UNITED STATES vs.JAHBAR BEARD

FOR

EASTERN DISTRICT OF CA.

AT

SACRAMENTO, CALIFORNIA

LOCATION NUMBER

CAESC

DOCKET NUMBERS

Magistrate

District Court

03-502-JAM

Court of Appeals

PERSON REPRESENTED (Show your full name)

JAHBAR BEARDCHARGE/OFFENSE (describe if applicable & check box →)  Felony  MisdemeanorViolation of TSR

- 1 Defendant - Adult
- 2 Defendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Parole Violator
- 6 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify) \_\_\_\_\_

**ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
	Name and address of employer: _____	
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment <u>5/07</u> How much did you earn per month? \$ <u>600 per mo.</u>
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	RECEIVED <u>122</u> RECEIVED & IDENTIFY \$ _____ THE SOURCES _____	SOURCES <u>Disability</u> <u>Girlfriend EVANS works + supports</u>
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____ _____	VALUE _____ DESCRIPTION _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>2</u>	List persons you actually support and your relationship to them <u>8 yr son</u> <u>9 mo. son</u>
		DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <u>RENT</u> <u>FOOD</u> <u>UTILITIES</u>	Creditors _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 8-31-2007SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)JAHBAR BEARD